

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, P.O. Box 30250, New Orleans, LA 70190-0250

(504) 568-6820



Date: .

Dear Doctor :

Enclosed you will find the Board's check in the amount of \$ for services you rendered in the case. We are most appreciative of the time and effort you devoted to this matter. Without your services and the services of other physicians like yourself, the Board would be hard pressed to fulfill its responsibility to protect the public health and welfare.

The Board is aware of your desire that your fee be paid directly to . While we certainly admire this most generous gesture, we are not permitted by law to make donations of state funds. You, of course, may do whatever you wish with the check.

Again, our thanks and appreciation for all your assistance. If at any time this office may be of assistance to you, please do not hesitate to ask.

Sincerely,

**Louisiana State Board
Of Medical Examiners**
